



VIRGINIA POLICE CANINE ASSOCIATION

Membership Application For Membership Year 20__

Name: _____ Title: _____

Department: _____ Work Phone: _____

Department _____
Address: _____

Years of Service: _____ E-mail Address: _____

Home Phone: _____ Cell Phone: _____

Certification Level:

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Master Trainer | <input type="checkbox"/> Trainer |
| <input type="checkbox"/> Handler | <input type="checkbox"/> Decoy |
| <input type="checkbox"/> K9 Supervisor | <input type="checkbox"/> Associate |

K9 Handler Information (*Required for Handler Certification*):

K9 Name: _____ Breed: _____ Age: _____

- | | | |
|-----------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Patrol | <input type="checkbox"/> Narcotics | <input type="checkbox"/> Explosives |
| <input type="checkbox"/> Cadaver | <input type="checkbox"/> SAR | <input type="checkbox"/> Accelerant |
| <input type="checkbox"/> Trailing | <input type="checkbox"/> Wildlife | |

Please note any previous schools or training:

Please make Dues check payable to *VPCA* in the amount of \$35, and mail to:

VPCA
78 West Lee Street
Warrenton, VA 20186
Attn: Chad Brubaker, Treasurer